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Application D	ata Si	heet 37	CER	1 76	Attorne	ey Docket	Numb	er	NL 0	40326		
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Title of Invention	USTIC C	CABINET										
bibliographic data arri	anged in a	a format spieted electri	ecified to	y the Uni	ited States mitted to the	Patent and	Tradem	ark Offi	ice as	ubmittled. The following form contains to outlined in 37 CFR 1,76, ing the Electronic Filing System (EFS		
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Mailing Address	of App	olicant:										
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Applicant 2										Remove		
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For further information see 37 CFR 1.33(a).

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Application Data Sheet 37 CFR 1 76

NL 040326

			Application	Number					
Title of Invention	Title of Invention DISTRIBUTED ACOUSTIC CABINET								
Customer Numbe	r	24737							
Email Address		jeanne.rusciano@p	hilips.com			Add Email Remove Email			
Application Information:									
Title of the Invent	ion	DISTRIBUTED ACQUISTIC CABINET							
Attorney Docket I	Number	NL 040326 Small Entity Status Claimed							
Application Type		Nonprovisional							
Subject Matter		Utility							
Suggested Class	(if any)		Sub Class	Sub Class (if any)					
Suggested Techn	ology C	enter (if any)		-					
Total Number of E	Drawing	Sheets (if any)		Suggeste	d Figure fo	r Publication (if any)			
Publication Inform	nation:			-					
Request Early	Publica	tion (Fee required a	at time of Rec	uest 37 CFR 1.2	19)				
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Please Select One	: (Customer Number 	er O US	Patent Practitione	r O U	Representative (37 CFR 11.9)			
Customer Number		24737							
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Prior Application	Status					Remove			
Application Number		Continuity	Continuity Type		on Number	Filing Date (YYYY-MM-DD)			
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Application Data Sheet 37 CFR 1.76			Attorney D	ocket Number	NL 040326	
Application Da	et 37 CFR 1.76	Application	n Number			
Title of Invention	DISTR	IBUTED ACOUSTIC O	ABINET			
					any prior foreign applica laim for priority as requir	
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Application Nun	nber	Countr	y i	Parent Filing D	Priority Claimed	
04101343.4		EP		2004-04-01		● Yes ○ No
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Assignee 1						Remove
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Mailing Address In	nformat	tion:				
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Country NL				Postal Code	5621 BA	
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button. Signature:

	ignature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 R 1.4(d) for the form of the signature.								
Signature	/Michael E. Marion/		Date (YYYY-MM-DD)	2006-09-13					
First Name	Michael E.	Last Name	Marion	Registration Number	32,266				

Additional Assignee Data may be generated within this form by selecting the Add

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